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DATE: 6/27/2016

NAME: VA Johnson Sevierville, LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: Plana

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

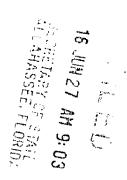
Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

VA Johnson Sevierville, LLC	inity infinediately prior to the ming of the Afficies of Conversion is.
(Enter N	ame of Other Business Entity)
2. The "Other Business Entity" is a	nited liability company
(En	ter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated	l under the laws of Virginia
09/16/2009	(Enter state, or it a non-U.S. entity, the name of the country)
(date of organization, formation or incorpo	oration)
3. The name of the Florida Limited Lia	ability Company as set forth in the attached Articles of Organization:
VA Johnson Sevierville, LLC	
(Enter Name of F	lorida Limited Liability Company)
· 4. If not effective on the date of filing, The effective date: 1) cannot be pric	enter the effective date: June 28, 2016
The chiestine thater in the first	
	rida Department of State; <u>AND</u> 2) must be the same as the effective Organization, if an effective date is listed therein.)
	t meet the applicable statutory filing requirements, this date will not be listed as the
VA Johnson Sevierville, LLC hereby agrees	roved in accordance with all applicable statutes. to pay to the members of any limited liability company with appraisal rights the amount to which 1006 and 605.1061 through 605.1072 of the Florida Revised Limited Liability Company Act.

Page 1 of 2



Signed this 244 day of June	20_16
Signature of Authorized Representative of Li	nited Liability/Company:
Signature of Authorized Representative: Printed Name: Steven E. Johnson	Title: Member
Signature(s) on botalf of Other Business Entity:	
Signature:	
Printed Name: Steven E. Johnson	Title: Member
Signature:Printed Name:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
Signature: Printed Name: If Florida Corporation:	Title:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Title:
Printed Name:	Title:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Title: Officer. corporator must sign.
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liability	Title: Officer. corporator must sign. ity Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabili Signature of one General Partner. If Florida Limited Partnership or Limited Liabili	Title: Officer. corporator must sign. ity Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabilis Signature of one General Partner. If Florida Limited Partnership or Limited Liabilis Signatures of ALL, General Partners. All others:	Title: Officer. corporator must sign. ity Partnership:
Printed Name: If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In If Florida General Partnership or Limited Liabilisignature of one General Partner. If Florida Limited Partnership or Limited Liabilisignatures of ALL, General Partners. All others: Signature of an authorized person.	Title: Officer. corporator must sign. ity Partnership:

Page 2 of 2

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
VA Johnson Sevierville, LLC	
(Must end with the words "Limited E	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2563 Players Ct	2563 Players Ct
Wellington, FL 33414	Wellington, FL 33414
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another he registered agent are:
Capitol Corporate Services, 1	Inc.
 	aine
165 Office Phase Poince Suite	. A
155 Office Plaza Drive, Suite Florida street address (I	P.O. Box NOT acceptable)
Tallahassee	FL 32301
City	FL 32301 Zip
liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the above stated limited of in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 605, F.S
Registered Agent's S	Signature (REQUIRED)
_	FINUED)
rage	SE 2

COLUMN TO THE STATE OF THE STAT	NT
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Steven E. Johnson
	2563 Players Ct
	Wellington, FL 33414
	THE RESERVE OF THE PARTY OF THE
<u> </u>	
	ne date of filing: June 8,2016 (OPTIONAL)
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	t be specific and cannot be more than five business days pri
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State	t be specific and cannot be more than five business days print the applicable statutory filing requirements, this date will not be listed as the seconds.
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State	t be specific and cannot be more than five business days print the applicable statutory filing requirements, this date will not be listed as to's records.
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATUDE:	t be specific and cannot be more than five business days print the applicable statutory filing requirements, this date will not be listed as to's records.
CLE V: Effective date, if other than the effective date is listed, the date must 00 days after the date of filing.) If the date inserted in this block does not meet ent's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED SIGNATUDE: Signature of a member This document is executed in a lam aware that any false inform	t be specific and cannot be more than five business days print the applicable statutory filing requirements, this date will not be listed as the seconds.

Page 2 of 2